

Michael Namekata, Ph.D.
California Psychologist License# PSY33698

Email Consent Form

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You and your provider, Dr. Michael Namekata, have agreed to correspond using electronic mail (E-mail). This form provides guidelines for the intended use of this type of communication, and documents for your consent.

IN A MEDICAL EMERGENCY OR CRISIS, DO NOT USE E-MAIL. CALL 911.

Email Use: Generally, E-mail correspondence should be between your provider, Dr. Michael Namekata, and an adult client 18 years or older, or parent or legal guardian of a minor.

Privacy and Confidentiality: E-mail will be conducted via a secure server. However, E-mail communication carries the risk that our correspondence may be viewed by unintended persons. E-mail messages will be processed during business hours. All E-mail correspondence will be included in your client record.

Creating a Message: On the "Subject" line, include the general topic of the message, for example, Appointment. In the body of the message, include your name and any identifying information.

Content of the E-mail Messages: E-mail should be used only for non-sensitive and non-urgent issues. Types of information appropriate for E-mail include:

- Routine follow-up inquiries
- Appointment scheduling

Note: According to the California law, your provider may not communicate any lab results unless your E-mail correspondence is conducted through a secure server. Additionally, E-mail must never be used for results of testing related to HIV, sexually transmitted disease, hepatitis, drug abuse or presence of malignancy, or for alcohol abuse or mental health issues.

Response Time: Discuss with your provider the expected time in which to receive a response. If the expected time is exceeded, call your provider at the phone number below.

Ending an E-Mail Relationship: Either you or your provider may request via E-mail or letter to discontinue using E-mail as a means of communication.

Disclaimer: Dr. Michael Namekata is not responsible for E-mail messages that are lost due to technical failure during composition, transmission and/or storage.

I have read and understand the information above, and have had any and all questions answered to my satisfaction. I agree to the guidelines for e-mail communication.

Office Phone: (818) 254-8125
Mailing Address: P.O. Box 570895, Tarzana, CA, 91356
Email Address: info@encinotherapy.com

Michael Namekata, Ph.D.
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Acknowledgement of Receipt of “Email Consent Form”

I received a copy of Dr. Namekata’s “Email Consent Form.”

Please Print Your Name *(if a minor, please print parents’ name)*

Please Sign Your Name *(if a minor, parents’ signature)*

Today’s Date

Office Phone: (818) 254-8125
Mailing Address: P.O. Box 570895, Tarzana, CA, 91356
Email Address: info@encinotherapy.com